

From: Clay Ropp

Fax: 18435101111

To:

Fax: (803) 896-5199

Page: 4 of 33

11/06/2019 8:24 AM

288352

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Non-Emergency  
Application for a Class C Stretcher Van  
Certificate from SafeRide Transport, Inc.

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2019 - 347 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Alex Scarce

Telephone:

843-375-6007

Address: 606 Winterberry Lane

Fax:

843-353-3113

Myrtle Beach, SC 29579

Other:

Email: alex.scarce@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van   | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
NOV 06 2019

PSC SC  
CLERK'S OFFICE

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 8/20/2019

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. SafeRide Transport., Inc.  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

606 Winterberry Lane

Street Address of Applicant

Myrtle Beach, SC 29579

Mailing Address of Applicant (if different from street address)

843-375-6607

Phone

843-353-3113

Fax

alex.scarce@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Alex Scarce- 606 Winterberry Lane, Myrtle Beach, SC 29579

Candace Burch- 101 Split Oak Ct, Myrtle Beach, SC 29588

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	2,500	Loans Owed on Motor Vehicles	0
Cash on Hand	5,000	Business/Other Loans Owed	0
Cash in Bank	50,000	Other Liabilities or Debts	0
Value of Other Assets and Equipment	9,500	<b>Total Liabilities</b>	0
<b>Total Assets</b>	67,000		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

Maximum Proposed Rate and Charges for Service as Follows:

Medical and SCDHHS Rates- Subject to negotiation with broker chosen by SCDHHS

Maximum Rates for Medical and SCDHHS- \$325.00 pick up fee per passenger and \$50.00 per mile

Ambulatory Rates- Subject to negotiation with broker chosen by SCDHHS

Maximum Rates for Ambulatory- \$125.00 pick up fee per passenger and \$35.00 per mile

Wheelchair Rates- Subject to negotiation with broker chosen by SCDHHS

Maximum Rates for Wheelchair- \$125.00 pick up fee per passenger and \$35.00 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

**DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver  
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
2006	Toyota Sienna CE	5TDZA23C06S421860	4120	

## INSURANCE QUOTE

**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

SafeRide Transport, Inc.

Name of Applicant

606 Winterberry Lane, Myrtle Beach, SC 29577

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 305,508 annual- 1 unit

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

National Indemnity / Columbia Insurance Company

Name of Insurance Company

1314 Douglas St, STE 1400 Omaha, NE 68102

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).



## National Indemnity group of insurance companies

### QUOTE

#### SafeRide Transport Inc

Company: Columbia Insurance Company  
Admitted

Quote Date: October 31, 2019

Premium: \$716,564.00

#### Driver Guidelines

Drivers must be at least 25 with no more than four moving violations or one accident and one violation within the last three years. Drivers age 23 and 24 are acceptable, but can have no more than two moving violations within the last three years. Drivers under 23 are not acceptable. No driver may have any major convictions within the last five year period. All driver changes throughout the policy term should be reported to the company.

Pricing assumes drivers of vehicles with a seating capacity greater than 15 or GVW of 26,000 lbs or more have proper CDL and at least one year experience driving similar autos.

#### Terms & Conditions

Quote is subject to no federal or state filings or an MCS-90.

Quote does not include any Additional Insureds or Waivers of Subrogation or HC/NO.

Policy will be issued showing only the Named Insured specified above. Additional entities can be considered as Additional Named Insured but relationship to the first Named Insured and insurable interest in the scheduled autos must be determined.

#### CANCELLATION PROVISION

Return Premium for any cancellation by the insured or for non-payment of premium will be on a SHORT RATE basis where the penalty is 10% of the unearned premium. Any cancellation requested by the company will be pro-rata.

This quote is based on the information contained in your application and any other underwriting information that has been submitted. Please carefully review this quote as some coverages may differ from what has been requested and certain terms and conditions which restrict coverage may apply. See attached for coverage details including symbols and limits.

NOTE THAT THE QUOTED PREMIUM MAY CHANGE IF THE INSURED MAKES ANY CHANGES TO COVERAGE PRIOR TO BINDING.

October 31, 2019

From: Clay Ropp

Fax: 18435101111

To:

Fax: (803) 896-5199

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NICO-Rate for South Carolina

Columbia Insurance Company

## Account Summary For SAFERIDE TRANSPORT INC

Quote #: 10013258  
 Status: New/Pending Info  
 Policy Type: AP

Originally Quoted: 1/01/2020 12:00 AM  
 Quote Printed: 10/31/2019 5:14 PM EDT  
 Proposed Effective: 1/01/2020 12:00 AM  
 Proposed Expiration: 1/01/2021 12:00 AM

Quoted By: Kaitlyn Dougherty  
 National Indemnity Company  
 1314 Douglas Street, Suite 1400  
 Omaha, NE 68102  
 Phone - (402) 916-3000

KMDougherty@nationalindemnity.com

DOT #: Unknown  
 MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	439,068
7	UM - BIPD	1,000,000 CSL	86,772
7	UIM - BIPD	1,000,000 CSL	86,772
7	Medical Payments	5,000	28,980
7	Physical Damage Total Ins Value	See Specific Unit 838,000	74,972
Total			\$716,564.00

Revision: 71SC2019R04

## Vehicle Information

NICO-Rate Version: 8.6.0.236

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	All/Lessor	Unit Sub Total
1 2013 TOYOTA COROLLA Comp/Coll \$22,500 Radius: Up to 100 Miles.	15,681	3,099	3,099	1,035	2,197	N/A	N/A	25,111
2 2013 TOYOTA COROLLA	15,681	3,099	3,099	1,035	2,197	N/A	N/A	25,111

 National  
 Indemnity  
 Company  
 Since 1940

**Exhibit Fit, Willing, and Able (FWA)**

SafeRide Transport, Inc.

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

### Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

*A.R. Sun*

Applicant's Signature

*President*

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

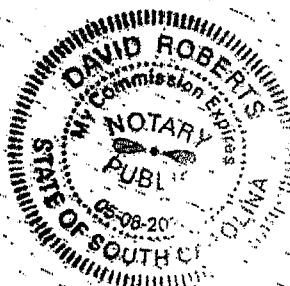
COUNTY OF Horry )

SWORN TO BEFORE ME  
This 27 day of August, 2019

*David Roberts*

Notary Public

Commission Expires 05-08-2027



Print Application

From: Clay Ropp

Fax: 18435101111

To:

Fax: (803) 896-5199

Page: 15 of 33

11/06/2019 8:24 AM

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Aug 22 2019

REFERENCE ID: 391237

File ID: 190726-1029309  
Filing Date: 07/26/2019

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

ARTICLES OF INCORPORATION

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is SafeRide Transport Inc.
2. The initial registered office of the corporation is 1591 Savannah Highway, Suite 201  

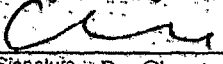
Street Address

<u>Charleston</u>	<u>Charleston</u>	<u>South Carolina</u>	<u>29407</u>
City	County	State	Zip Code

and the initial registered agent at such address is United States Corporation Agents, Inc.  

Print Name

I hereby consent to the appointment as registered agent of the corporation:

  
 Agent's Signature By: Chyenne Moseley, Assistant Secretary

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:
  - a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 1,000
  - b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) \_\_\_\_\_

SC Secretary of State  
Mark Hammond

From: Clay Ropp

Fax: 18435101111

To:

Fax: (803) 896-5199

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11/06/2019 8:24 AM

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE.

Aug 22 2019

REFERENCE ID: 391237

SafeRide Transport Inc.  
Name of Corporation

The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

6. The name, address, and signature of each incorporator is as follows (only one incorporator is required):

a. LegalZoom.com, Inc.

Name

101 N. Brand Blvd., 11th Floor, Glendale, CA 91203

Address

Signature

Cheyenne Moseley, Assistant Secretary of LegalZoom.com, Inc. (Incorporator)

b.

Name

Address

Signature

c.

Name

Address

Signature

7. I, Kelly J Brown, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date

7/18/19

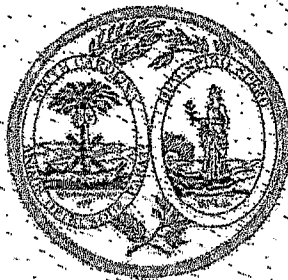
Signature

Type or Print Name

Address

Telephone Number

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

SafeRide Transport Inc., a corporation duly organized under the laws of the State of South Carolina on July 26th, 2019, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 22nd  
day of August, 2019.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State